

Nexus Statement

Name: _____

Date: _____

Claim # _____

I have reviewed (doctors should review any medical records): Check all that apply

- Service Treatment Records
- Treatment Records since separation of Veteran. From the Military

I have examined the above referenced patient and make the following professional medical opinion. The current disability (**Diagnosis**)

List: _____

Are related to an onset or events while in service (in terms of probability):

___ As a caused by or a result of (Direct cause/result): _____

___ As most likely caused by or a result of (51% probability or better): _____

___ As least as likely as not caused by or a result of (50/50% probability): _____

___ As less likely as not caused by or a result of (Less than 50/50% probability): _____

___ As not caused by or result of: _____

Please, explain a **rationale** for the opinion of how the condition affects each other (MOST IMPORTANT) and non-medical personnel will be reviewing this letter:

Physician's Signature

Specialty and License Number